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Guy Beardsley

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*Guy L Beardsley*  
Signature of person mailing correspondence

Jc990 U.S. PTO  
09/728207

12/01/00

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)

Attorney Docket Number	50026/005002
Applicants	YOSHIYUKI NAGAI, ATSUSHI KATO, FUKASHI MURAI, TSUNEAKI SAKATA, MAMORU HASEGAWA, AND TATSUO SHIODA
Title	RECOMBINANT SENDAI VIRUS
<b>PRIORITY INFORMATION:</b>	
This application is a continuation of and claims priority from United States patent application 09/071,591, filed May 1, 1998, which claims priority from foreign application PCT JP96/03069, filed October 22, 1996, which is the international application of JP 7/285417, filed November 1, 1995.	
<b>APPLICATION ELEMENTS:</b>	
Cover sheet	1 page
Specification	35 pages
Claims	2 pages
Abstract	1 page
Drawing	3 sheets
Combined Declaration and POA, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application 09/071,591 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	4 pages
Statement Deleting Inventors	[**] pages
Sequence Statement	[**] pages
Sequence Listing on Paper	[**] pages
Sequence Listing on Diskette	[**] disk

09/071,591

Small Entity Statement, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application 09/071,591 and such small entity status is still proper and desired.	1 page
Preliminary Amendment	5 pages
IDS	5 pages
Form PTO 1449	5 pages
Cited References	[**] references
Recordation Form Cover Sheet and Assignment	[**] pages
Assignee's Statement	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1
<b>FILING FEES:</b>	
Basic Filing Fee: \$355	\$355.00
Excess Claims Fee: 16 -20 =9 x \$9	\$0.00
Excess Independent Claims Fee: 2 -3 x \$40	\$0.00
Multiple Dependent Claims Fee: \$135	\$135.00
Total Fees:	\$490.00
<input checked="" type="checkbox"/> Enclosed is a check for \$490.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
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Signature: <u>Mary Rose Josephina</u> Reg. No. 36,268 Date: <u>December 1, 2000</u>	